

AFFIDAVIT

STATE OF TENNESSEE)

COUNTY OF _____)

I, (printed name of fire chief or other appropriate local government official), do hereby certify that (printed name of deceased firefighter) was an unpaid volunteer member of the (name of the deceased firefighter's fire department) that is registered and recognized by the Tennessee State Fire Marshal. I further certify that (printed name of deceased firefighter) was required to extinguish and control fires or fire-related incidents, and his/her death occurred on the _____ day of _____ in the year of _____ in the course of employment and as a result of the actual discharge of duties of the position of firefighter.

Signature of Fire Chief or Other
Appropriate Government Official

Date

Sworn to and subscribed before me on this _____ day of _____, 20____.

Notary Public

My commission expires _____

Please attach the following documents:

Copy of the deceased's death certificate

Copy of the current Fire Department Recognition certificate

Copy of the completed and submitted Tennessee Fire Incident Report